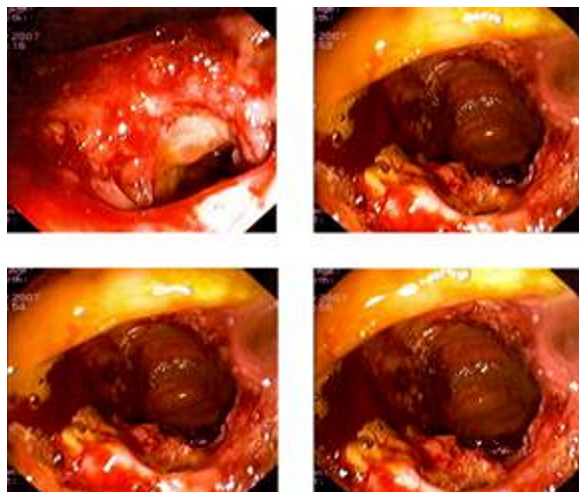


therapy for abdominal tuberculosis. If patients develop complications, surgery is inevitable.

**Case Description:** The patient was a 33 year old female presented with fever, chills, and a history of abdominal discomfort. Lymphadenopathy was detected on physical examination. Contrast CT of chest and abdomen showed patchy densities and thickening of the ileocecal wall respectively. Biopsies and histological studies documented the existence of TB. Axillary lymph node biopsy revealed chronic necrotizing granulomatous lymphadenitis, consistent with tuberculosis on microscopic description and large areas of granular eosinophilic necrosis with surrounding epithelioid histiocytes and giant cells in microscopic view.



**PP-206** Symphysis pubis osteomyelitis due to tuberculosis in an Afghan man

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**Introduction:** The prevalence of tuberculosis is increasing and musculoskeletal tuberculosis, although currently rare, may become an important problem. Musculoskeletal tuberculosis can be difficult to diagnose as only about one third of patients have respiratory symptoms. Synovial fluid aspirate is relatively unlikely to lead to definitive diagnosis, and a bone biopsy should always be taken for culture and histological examination.

**Case Description:** The patient was a 67 year-old Afghan man with chief complaint of purulent discharge from right inguinal area since two years ago. Bilateral inguinal lymphadenopathy that were mobile and non tender in different size were detected. There was no hepatosplenomegaly. Fistulography was performed. Contrast media passed through an irregular fistula. Destructive lesion and sclerosis due to symphysis pubis osteomyelitis was detected. The patient was operated for debridement and evaluation of osteomyelitis. Suprapubic area was opened. Pubic bone was destructed. Sequestration and cavity formation in the area was observed. Complete curettage and irrigation was performed. Tuberculosis PCR and culture was positive. Four drugs anti tuberculosis regimen was started for him.

**PP-207** Anterior and intermediate uveitis due to tuberculosis in a young immunocompetent patient, a case report

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**Introduction:** Tuberculosis is a rare cause of uveitis. It is a readily treatable disease and the consequences of delay in either ocular or systemic diagnosis can be very serious.

**Case Description:** The patient was a 32 year-old woman with sever right eye pain, photophobia, red eye and blurred vision since several days before visiting. She had history of weight loss, anorexia, night sweating and positive family history of pulmonary Tuberculosis. Ophthalmology evaluation showed was anterior and intermediate uveitis. Rheumatid factor, anti-nuclear antibody and rapid reagin reaction test were negative. Tuberculin skin test was 37mm positive. Anti tuberculosis treatment was started with good clinical response. Tuberculosis uveitis should be considered in every patient with uveitis in endemic area of Tuberculosis.

**PP-208** Death due to pulmonary tuberculosis flare up after Bell's palsy treatment

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**Background:** Peripheral facial nerve palsy has several etiologies. Idiopathic form or Bell's palsy is the commonest but some underlying disorders may induces this palsy or exist in patient with idiopathic form.

**Objective:** To report a case with facial palsy expired after corticosteroid starting, because of necrotizing pneumonia due to old tuberculosis flare up.

**Case report:** A 45-years old woman without any clear past medical history admitted for peripheral facial nerve palsy. After establishment the diagnosis of Bell's palsy, prednisolon (50mg daily with tapering for ten days) prescribed for patient. After 5 days, the patient deteriorated by high grade fever and pneumonia and hemoptysis. Sputum smear and culture reviled flaring up previous latent pulmonary tuberculosis. Despite starting anti TB immediately, patient died because of fatal necrotizing pneumonia.

**Conclusion:** Evaluation for previous infective disorder especially TB before corticosteroid treatment in Bell's palsy in regions with endemic TB is recommended.

**PP-209** Multi-center study on latent tuberculosis affecting healthy adults of Karachi, Pakistan

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**Background:** Prevalence and associated factors of Latent Tuberculosis Infection (LTBI) among young healthy adults has not been studied in our population. Hence we conducted this study to estimate prevalence and identify associated factors for LTBI among young adults of Karachi, Pakistan. We also compared risk of acquiring the disease among medical students compared to non medical colleagues.

**Methods:** This multi-center, cross-sectional study was conducted in Karachi from June to October 2010. The study subjects after consent were interviewed, clinically examined and tested using Tuberculin Skin Test (TST). Descriptive statistics were calculated. Association were checked according to variable type keeping level of significance at p-value <0.05.

**Result:** Sample comprised of 600 student volunteers. Figure 1 explains their characteristics. Majority 589 (98%) were